MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				/
3		1				
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TOTAL IND.	2				23	
TOTAL DEP.	4				30	
TOTAL CLAIMS	6				53	

			IND.	DEP.	IND.	DEP.	IND.	DEP.
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